

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036763

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318
FILED OCT 3 1962

Primary Registration District No.

1003

Registrar's No.

9261

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST LOUISLength of stay in 1b
5 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION DESHOGEInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY ST LOUIS

c. CITY OR TOWN OVERLAND

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1358 HUNTINGTONReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
FRANCES H SUCHER4. DATE OF DEATH
Month Day Year
9 24 62

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7-1-1885

9. AGE (last birthday)

77

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WORK

10b. KIND OF BUSINESS OR INDUSTRY

AT HOME

11. BIRTHPLACE (City and state or country)

ST LOUIS MO

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

FRANK W. H. LAYSA

13b. MOTHER'S MAIDEN NAME

CATHERINE BROZ

14. NAME OF HUSBAND OR WIFE

ALBERT L. SUCHER (DEAD)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

AL. SUCHER

Address

3525 6000 D AVE

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DIABETES Mellitus & COMA

INTERVAL BETWEEN ONSET AND DEATH

7 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CONGESTIVE Heart Failure

3 DAYS

DUE TO (c)

ARTERIO SCLEROTIC Heart Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pyelonephritis (Klebsella)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. Enter nature of injury in PART I or PART II of item 18.)

260X

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-19-62 to 9-24-62 and last saw her alive on 9-24-62
Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Martin L. Austin MD

(Degree or title)

22b. ADDRESS

634N Grand Blvd

22c. DATE SIGNED

9-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

9-27-62

23c. NAME OF CEMETERY OR CREMATORY

Resurrection CEM.

23d. LOCATION (City, town, or county)

St Louis

(State)

MO

24. FUNERAL DIRECTOR

Earl Hillman

ADDRESS

Overland MO

25. DATE RECD. BY LOCAL REG.

SEP 26 1962

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Earl H. Hellemar

Licensed Embalmer No.

3501

P. O. Address

Portland 14 ME

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.